

Nieuw Amsterdam HALW Inc. Urine Drug Test & Consent Forms 5/24/00

Holland America Line Windstar Cruises
Urine drug test consent form

HOLLAND AMERICA LINE
WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

SHIP: Nieuw Amsterdam

NAME: Yudha Purnama FUNCTION: Bellboy
REGISTRATION OR PASSPORT NUMBER: 11767

I have been advised of the reason for the collection of a urine drug test, and I consent to providing a urine sample for testing.

I am informing the medical personnel at this point that I have taken, or am taking the following medication or illicit drugs which may alter my test results.

DRUG TAKEN: _____ DATE(S): _____

NOT APPLICABLE ☒ DATE(S): _____

I understand that alteration of this consent form, refusal to consent to, or cooperate fully with the collection process may result in disciplinary action including termination.

I certify that I provided my urine specimen to the collector.

Yudha Purnama
Employee Name

[Signature]
Signature

5/24/00
Date

I certify that I received the specimen from the employee and that I performed the Triage Drug Test

Fert Johnstone RN
RN/Physician (Collector)

[Signature]
Signature

5/24/00
Date

RESULTS:

Phencyclidine (PCP)	POS	NEG
Cocaine (COC)	POS	NEG
Amphetamines (AMP)	POS	NEG
Marijuana (THC)	POS	NEG
Opiates (OPI)	POS	NEG

Sent for Confirmation?

YES, this sample is being sent out for confirmation testing. The sample ID number on this form, the sealed specimen and the confirmation test request are all the same. Signature: _____

Appendix B

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HOLLAND AMERICA LINE
WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

SHIP: Nieuw Amsterdam

NAME: Anton Widodo FUNCTION: GPA HS K
REGISTRATION OR PASSPORT NUMBER: _____

I have been advised of the reason for the collection of a urine drug test, and I consent to providing a urine sample for testing.

I am informing the medical personnel at this point that I have taken, or am taking the following medication or illicit drugs which may alter my test results.

DRUG TAKEN: _____ DATE(S): _____
DATE(S): _____

NOT APPLICABLE ☒

I understand that alteration of this consent form, refusal to consent to, or cooperate fully with the collection process may result in disciplinary action including termination.

I certify that I provided my urine specimen to the collector.

Anton Widodo
Employee Name

[Signature]
Signature

5/24/00
Date

I certify that I received the specimen from the employee and that I performed the Triage Drug Test

Teri Johnstone
RN/Physician (Collector)

[Signature]
Signature

5/24/00
Date

RESULTS:

Phencyclidine (PCP)	POS	NEG
Cocaine (COC)	POS	NEG
Amphetamines (AMP)	POS	NEG
Marijuana (THC)	POS	NEG
Opiates (OPI)	POS	NEG

Sent for Confirmation?

YES, this sample is being sent out for confirmation testing. The sample ID number on this form, the sealed specimen and the confirmation test request are all the same. Signature: _____

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HOLLAND AMERICA LINE
WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

SHIP: Nieuw Amsterdam

NAME: Adri Suryadi FUNCTION: GPA HSK
REGISTRATION OR PASSPORT NUMBER: 10463

I have been advised of the reason for the collection of a urine drug test, and I consent to providing a urine sample for testing.

I am informing the medical personnel at this point that I have taken, or am taking the following medication or illicit drugs which may alter my test results.

DRUG TAKEN: tylenol DATE(S): _____
DATE(S): _____

NOT APPLICABLE ☐

I understand that alteration of this consent form, refusal to consent to, or cooperate fully with the collection process may result in disciplinary action including termination.

I certify that I provided my urine specimen to the collector.

Adri Suryadi X AS 5/24/00
Employee Name Signature Date

I certify that I received the specimen from the employee and that I performed the Triage Drug Test

ASR Johnstone RA Johnstone RA 5/24/00
RN/Physician (Collector) Signature Date

RESULTS:

Phencyclidine (PCP)	POS	NEG
Cocaine (COC)	POS	NEG
Amphetamines (AMP)	POS	NEG
Marijuana (THC)	POS	NEG
Opiates (OPI)	POS	NEG

Sent for Confirmation?

YES, this sample is being sent out for confirmation testing. The sample ID number on this form, the sealed specimen and the confirmation test request are all the same. Signature: _____

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WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

SHIP: Nieuw Amsterdam

NAME: Agus Setiawan FUNCTION: CBS
REGISTRATION OR PASSPORT NUMBER: 20712

I have been advised of the reason for the collection of a urine drug test, and I consent to providing a urine sample for testing.

I am informing the medical personnel at this point that I have taken, or am taking the following medication or illicit drugs which may alter my test results.

DRUG TAKEN: medizone DATE(S): _____
DATE(S): _____

NOT APPLICABLE ☐

I understand that alteration of this consent form, refusal to consent to, or cooperate fully with the collection process may result in disciplinary action including termination.

I certify that I provided my urine specimen to the collector.

Agus [Signature] 5/24/00
Employee Name Signature Date

I certify that I received the specimen from the employee and that I performed the Triage Drug Test

Teri Whitstone RN [Signature] 5/24/00
RN/Physician (Collector) Signature Date

RESULTS:

Phencyclidine (PCP)	POS	NEG
Cocaine (COC)	POS	NEG
Amphetamines (AMP)	POS	NEG
Marijuana (THC)	POS	NEG
Opiates (OPI)	POS	NEG

Sent for Confirmation?



YES, this sample is being sent out for confirmation testing. The sample ID number on this form, the sealed specimen and the confirmation test request are all the same. Signature: _____

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